PTO/SB/17 (10-08)
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Page	Effective on 12/08/2004.				Complete if Known					
FEE TRANSMITTAL For FY 2009					Application Nun)	
First Named Inventor Karlen Silence Karliner Name Karlen Silence Karliner Name	·						May 9, 2005			
Application Type Fee (S) Fee	_			-	entor K	Karen Silence				
METHOD OF PAYMENT (check all that apply)	For FY 2009			Examiner Name	(G. S. Emch				
Check Credit Card Money Order None Other (please identify)	Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1	1649				
Check X Credit Card Money Order None Other (phase identify):	TOTAL AMOUNT OF PAYMENT (\$) 1,650.00)	Attorney Docket No.		\0848.70005US00				
Deposit Account Deposit Account Number 23/2825 Deposit Account Name Wolf, Gree+field & Sacks, P.C.	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee(s) indicated below, except tor the filling fee Charge fee C	Check X Credit Card Money Order None Other (please identify):									
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Residence Resi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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Mapplication Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Part		FIL		SE		EXAMIN				
Posign 220 110 100 50 140 70	Application T	vpe <u>Fee (\$</u>		Fee (\$		Fee (\$)		Fees I	Paid (\$)	
Plant 220 110 330 165 170 85	Utility	330		540						
Reissue 330 165 540 270 650 325	Design	220	110	100	50	140	70			
Provisional 220 110 0 0 0 0 0 0 0 0	Plant	220	110	330	165	170	85			
Second	Reissue	330	165	540	270	650	325			
Each claim over 20 (including Reissues) 52 26	Provisional	220	110	0	0	0	0			
Each claim over 20 (including Reissues) Each lindependent claim over 3 (including Reissues) Multiple dependent claim over 3 (including Reissues) Total Claims Extra Claims Pee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Authorized than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee	2. EXCESS CLA	AIM FEES							Small Entity	
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP	Fee Description								Fee (\$)	
Multiple dependent claims	, , ,							52	26	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)	_					220	110			
Fee (\$) Fee Paid (\$)	Multiple dependent claims							390	195	
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HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets					ee Paid (\$)				_	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00 540.00 SUBMITTED BY Signature /John R. Van Amsterdam/ Registration No. (Attorney/Agent) A 0,212 Telephone 617.646.8000	301 FF =									
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00 1401 Notice of appeal Signature A. OTHER FEE(S) Fees Paid (\$)										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00 1401 Notice of appeal SUBMITTED BY Signature /John R. Van Amsterdam/ Registration No. (Attorney/Agent) A 0,212 Telephone 617.646.8000										
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SUBMITTED BY Signature /John R. Van Amsterdam/ Registration No. (Attorney/Agent) 40,212 Telephone 617.646.8000	Other (e.g., late filing surcharge): 1253 Extension for response within third month							*		
Signature /John R. Van Amsterdam/ Registration No. (Attorney/Agent) 40,212 Telephone 617.646.8000										
Signature /John N. Van Amsterdam/ (Attorney/Agent) 40,212 Telephone 617.040.6000		// D 2/ 6			Registration No	40.010	I	047.01	2 0000	
Name (Print/Type) John R. Van Amsterdam Date May 13, 2010	Signature					40,212	Telephone			
	Name (Print/Type) John R. Van Amsterdam Date							May 13	, 2010	

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 13, 2010 Electronic Signature for Sylvana Householder: /Sylvana Householder/